HIV/AIDS in the Middle East: an opportunity for health diplomacy?

Culture, Health and Human Security in the Middle East

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Roadmap

- Brief overview of HV/AIDS in Middle East and North Africa (MENA) Region

  Case study: Iran

- Health, Foreign Policy and new notions of Security

- Opportunity for Health Diplomacy with Iran?

Personal Perspective

- **Iranian – American**
- **Grew up in Iran during and immediately following the 1979 revolution and the Iran-Iraq war**
- **Witnessed and experienced the devastating negative health consequences of both civil conflict and war**

HIV/AIDS in Middle East and North Africa

- Low but rising prevalence
- Epidemiological surveillance is inconsistent or lacking
- Limited public discussion
- High level of stigma and discrimination, especially towards MSM and sex workers
- Women infected at younger age due to gender inequality and increased vulnerability

Drug injecting is the main, or a major mode of HIV transmission in Middle East & North Africa

Iran at a Glance

- Known as Persia until 1935, Iran became an Islamic republic in 1979
- Slightly larger than Alaska in size
- Population: ~ 71 million
- GDP - per capita (PPP):$ 9,800 (2006 est)
- Religion: Shi'a Muslim 89%, Sunni Muslim 9%, Zoroastrian, Jewish, Christian, and Baha'i 2%
- **Over 60% are under the age of 30**
- Life expectancy at birth: 71 years
- *Literacy rate (> 15 yrs) :* 79.4%

  male: 85.6%

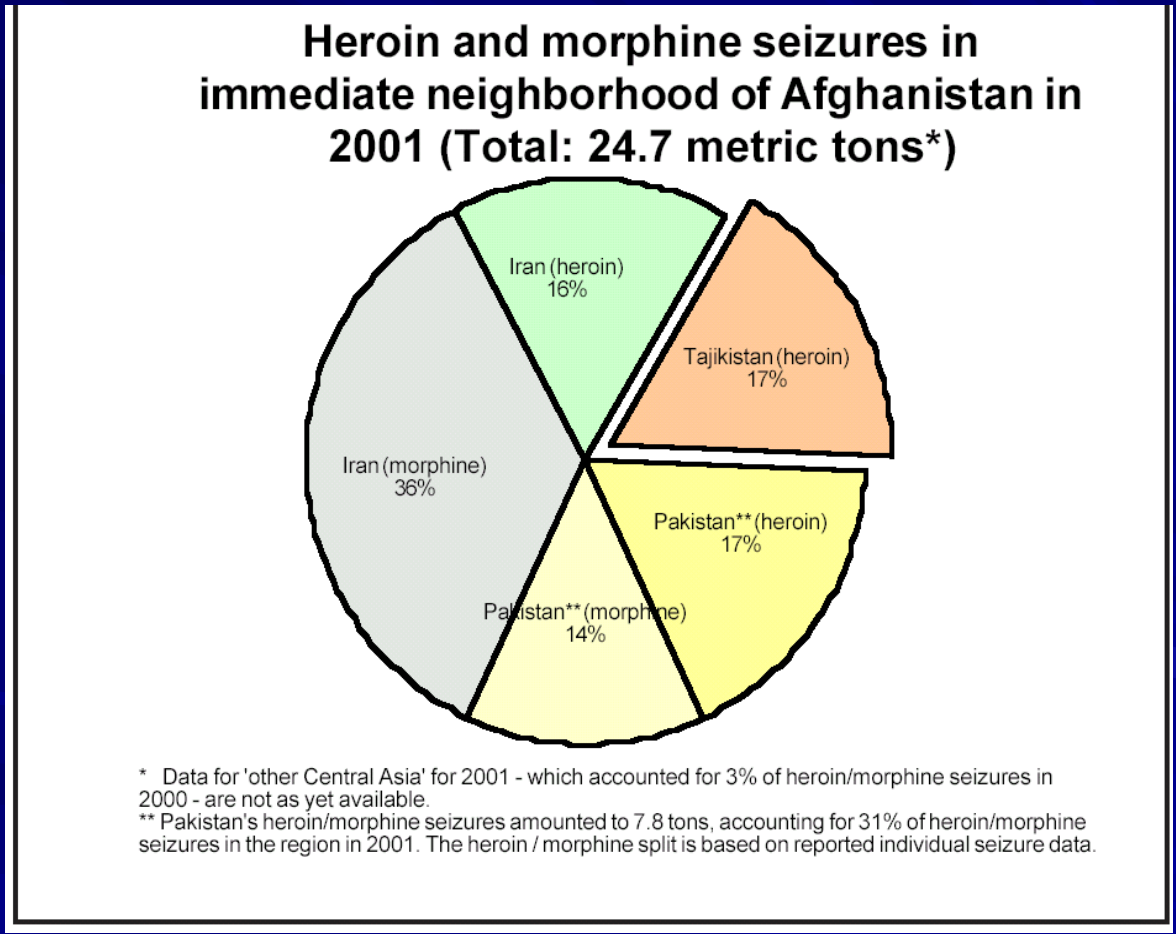
  female: 73%

Strategic Location of Iran

Iran is a corridor for illicit drug smuggling from Afghanistan, producer of

~ 90% of world's opium, into Persian Gulf, Central Asia and Europe

52% of all Heroin and Opium Seizures Globally Occurs in Iran

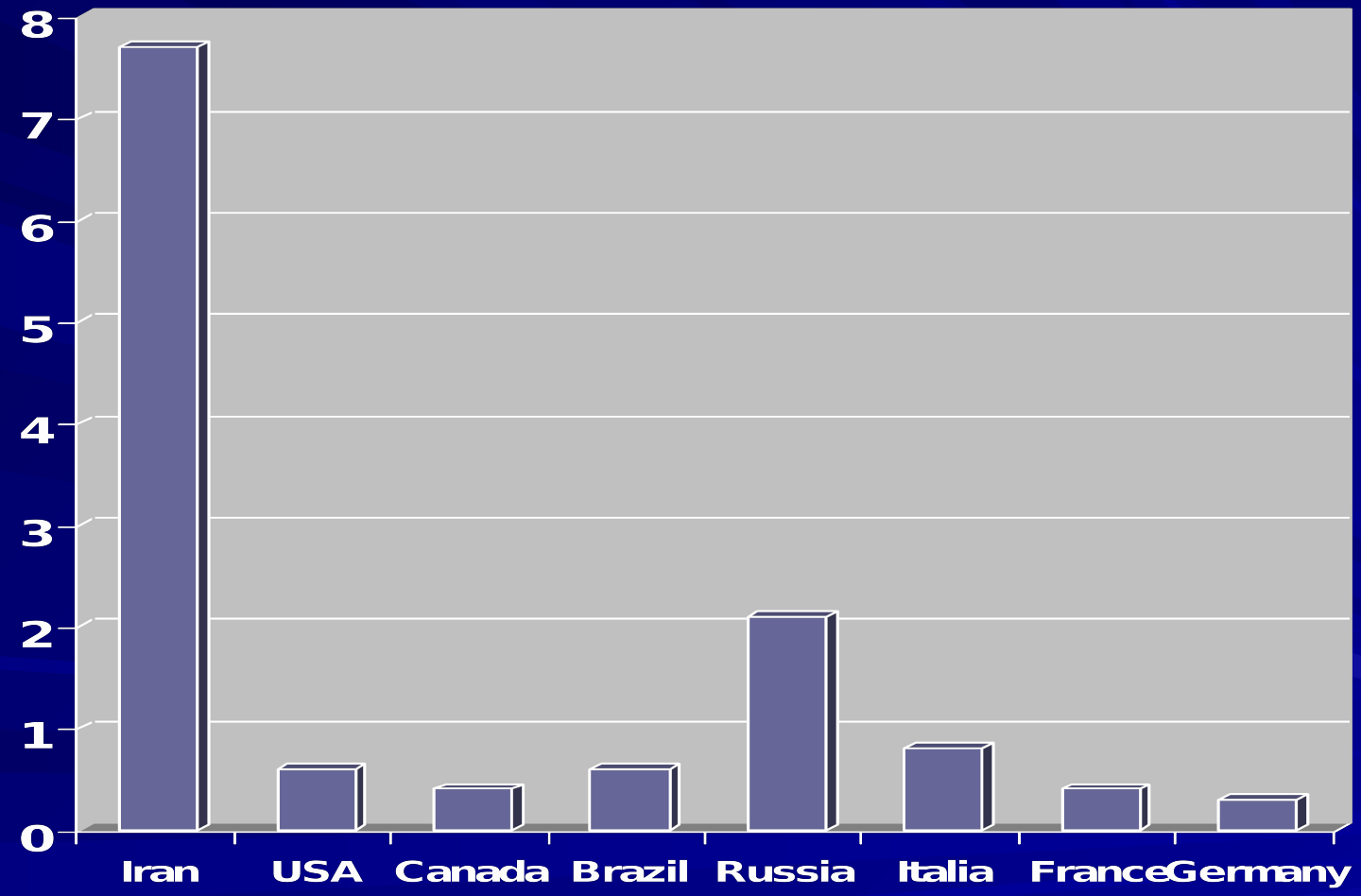

Heroin and morphine seizures in immediate neighborhood of Afghanistan in 2001 (Total: 24.7 metric tons*)
Iran (heroin) 16%
Tajikistan (heroin) 17%
Pakistan** (heroin) 17%
Pakistan** (morphine) 14%
Iran (morphine) 36%
* Data for 'other Central Asia' for 2001 - which accounted for 3% of heroin/morphine seizures in 2000 - are not as yet available.
** Pakistan's heroin/morphine seizures amounted to 7.8 tons, accounting for 31% of heroin/morphine seizures in the region in 2001. The heroin / morphine split is based on reported individual seizure data.

(UNODCCP, 2002)

Status of Drug Addiction

- 1.2 – 5 million people (1.7% - 7.2% of the population) have problematic drug use
- Most common drugs used are opium, and its products
- 300,000 are estimated to be injection drug users; majority are heroin users
- There has been some evidence of transition from opium smoking to heroin injection due to shortage of opium supply during and after the Taliban regime

Percent of Populations with Problematic Drug Use



Possible Factors Associated with High Prevalence of Drug Addiction in Iran

- High rates of unemployment
- Educational bottleneck for college entrance
- Inadequate recreational opportunities for youth
- Impact of 8 years of bloody war with Iraq and economic sanctions
- Depression, PTSD, stress
- Inadequate mental health services & stigma
- Prohibition of alcohol
- Generation gap – family conflicts
- High availability of drugs (Mokri, 2002)

History of Drug Use in Iran

- Hundreds of years of experience with opium and its derivatives
- Use of opium for medicinal and recreational purposes in 1970s (opium coupons)
- Export of opium as a source of substantial revenue

Post Revolution Period: 1979-mid 1990s

- Opium poppy cultivation banned and eradicated
- Most drug treatment centers closed by 1981
- Harsh penalties for drug users and dealers
- Mandatory detention at “rehabilitation” centers

Paradigm Shift in the Mid-1990s

- Official acknowledgment of the magnitude of drug addiction, and the failure of previous policies
- Mid 1990s- Treatment of addiction become available
- Syringe exchange programs for civilians and prisoners!
- Development of Methadone and bupernorphine treatment programs
- Legalization of drug paraphernalia
- Proposed legislation that would mandate drug treatment and not incarceration for drug addicted individuals

Reasons for Paradigm shift?

- Failure of previous policy
  - Increasing prevalence of drug use
  - Overcrowded prisons (outbreaks of hepatitis)
- Political reform (Khatami era)
- Emergence of civil society movement
- Catalysts – Agents of change in key positions within and outside of government
- Emergence of HIV/AIDS Epidemic
- Support / advocacy from the international community (scientific/ academic)

HIV/AIDS in Iran

- First AIDS case in Iran: 1986 (contaminated blood)

- Iran Ministry of Health (2003):
  - ~ 10,000 people living with HIV
  - About 60% of HIV/AIDS cases among **IDUs**

- UNAIDS (2008):
  - **86,000** people living with HIV (68,000 – 110,000)
  - "HIV/AIDS accelerating at an alarming rate"

Health, Foreign Policy and Security

New Notion of Security: "Human Security"

- "Human Security" extends the traditional state-centric notion of security
- New focus on well-being and welfare of ***individuals***
- Encompasses human rights, good governance, access to education, health care
- Threats to human security is increasingly considered detrimental to global security

HIV/AIDS as a Threat to Global Security

In 2001, UN Security Council declared AIDS a threat to global security

“The rise of health as a foreign policy concern has become the hallmark of a globalized world.”

Bulletin of the World Health Organization - March 2007

Opportunities for Health Diplomacy with Iran

Examples of US-Iran Dialogue on Health Issues

- Nov 2006 – Workshop on HIV/AIDS, TB and Cancer at Aspen Institute
- April 2007 – Workshop on public health disaster preparedness and response at ASPEN Institute
- June 2007 – Participation by Iranian addiction specialists in workshops at Yale University and other academic institutions

Iran-Iraq War 1980-1988

Chemical Agents used during Iran-Iraq War

Blister Agents such as Mustard Gas

Nerve Agents Such as Sarin and Tabun

Total Number of Chemical Attacks:

387

Estimated number of CW Casualties

60,000

Sardasht Chemical Attack

June 1988

Four 250 kg bombs with

SM warheads crashed in the center of the city

3000 victims

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War, Chemical Attacks, and Lasting Mental Health Consequences

Anxiety, Depression, and Posttraumatic Stress in Iranian Survivors of Chemical Warfare.

Farnoosh Hashemian, Kaveh Khoshnood, Mayur M. Desai, Farahnaz Falahati, Stanislav Kasl, Steven Southwick

JAMA. Vol. 296 No. 5, (August 2, 2006)

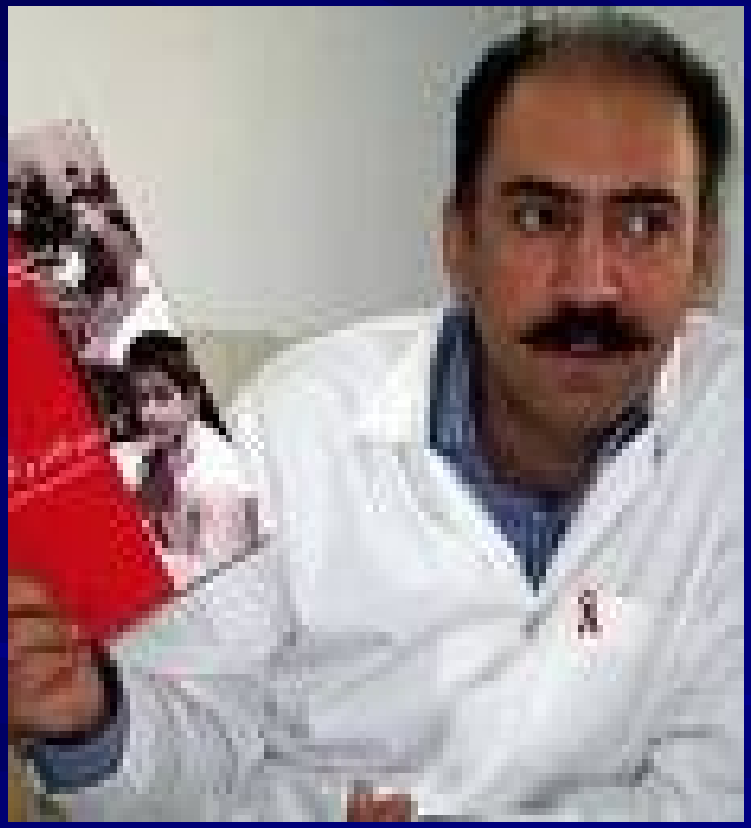
Global Health Diplomacy: Potential Pitfalls

- Politicization of Health: Risks and consequences

- “Securitization” / Militarization” of Global Health

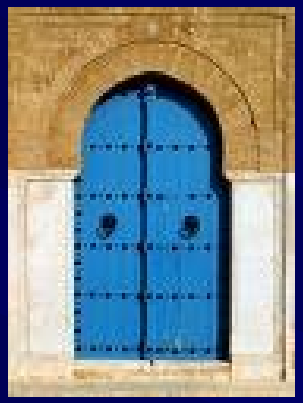
Politicization of Health:

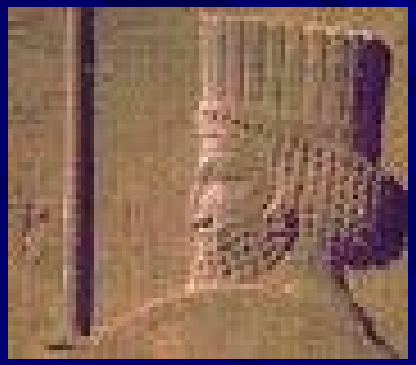
Kamiar and Arash Alaei
Iranian HIV/AIDS Doctors Arrested *June 2008*



Concluding Thoughts

- There is potential for health diplomacy to build bridges between adversarial governments and to bring new focus on “human security”
- Deeper thinking, discussion and caution is required for this approach to have the desired foreign policy effect and to avoid backfire





Thank You!

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